



December 9, 2005

Ms. Stephanie Cushing
San Francisco Department of Public Health
Local Oversight Program
1390 Market Street, Suite 210
San Francisco, CA 94102

**Re: Well Destruction Report
Former ARCO Service Station #0319
5101 Mission Street
San Francisco, California
LOP Site Number: 10157**

Dear Ms. Cushing:

At the request of Atlantic Richfield Company (RM - a BP affiliated company), URS Corporation has prepared this *Well Destruction Report* for the Former ARCO Service Station #0319 located at 5101 Mission Street, California (the Site, Figure 1). The scope of work consisted of destroying five groundwater monitoring wells (BC-3, BC-4, BC-5, BC-6 and BC-7) to obtain case closure for the Site. The work was performed in general accordance with URS' August 9, 2005 *Well Destruction Work Plan* and as approved by the City and County of San Francisco Department of Public Health Local Oversight Program (DPH-LOP) in their letter dated August 17, 2005 (Attachment A). Well locations are shown on Figure 1.

SITE DESCRIPTION

The Site is located on the southeastern corner of the intersection of Mission Street and Amazon Avenue in San Francisco, California. The Site is a condominium with a Donut shop and a parking garage on the first floor. The DPH-LOP recently approved case closure for the Site. Pursuant to DPH-LOP's requirement to obtain case closure, five off-site wells associated with the Site were destroyed on September 29, 2005.

Well Destruction Activities

URS personnel oversaw a California licensed-driller destroy groundwater monitoring wells BC-3, BC-4, BC-5, BC-6 and BC-7 by pressure-grouting the well casings. Well destruction activity details are presented below.

Personnel Present:

Barbara Jakub, URS Geologist and California Professional Geologist.

Permits:

DPH LOP Permit # 05BW-0037. Department of Public Works permit #05BW-0037. (Attachment B).

URS Corporation
1333 Broadway, Suite 800
Oakland, CA 94612-1924
Tel: 510.893.3600
Fax: 510.874.3268



Ms. Stephanie Cushing
Page 2 of 2
December 5, 2004

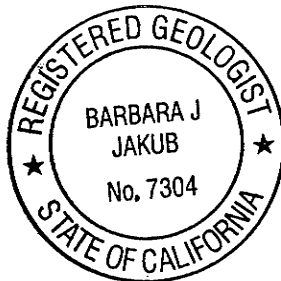
Drilling Company: Gregg Drilling of Martinez, California (C-57 License # 485165)
Drilling Date: September 28, 2005
Number of Wells: Five (wells BC-3, BC-4, BC-5, BC-6 and BC-7)
Destruction Method: Wells were pressure grouted with a neat cement mixture from the bottom of the well to the ground surface using a Tremie pipe. Approximately 25 pounds per square inch of pressure was applied for five minutes each.
Well Depths: Copies of the Department of Water Resources (DWR) well completion reports are included in Attachment C. Table 1 shows well construction and destruction details.
Soil and Water Handling: There were no soil cuttings or rinsate water produced during the destruction activities.

We appreciate the opportunity to present this *Well Destruction Report* to the DPH-LOP on behalf of RM and trust that this document meets with your approval. Please do not hesitate to contact me at (510) 894-3296 with any questions or comments.

Sincerely,

URS CORPORATION

Barbara J. Jakub, P.G.
Project Manager

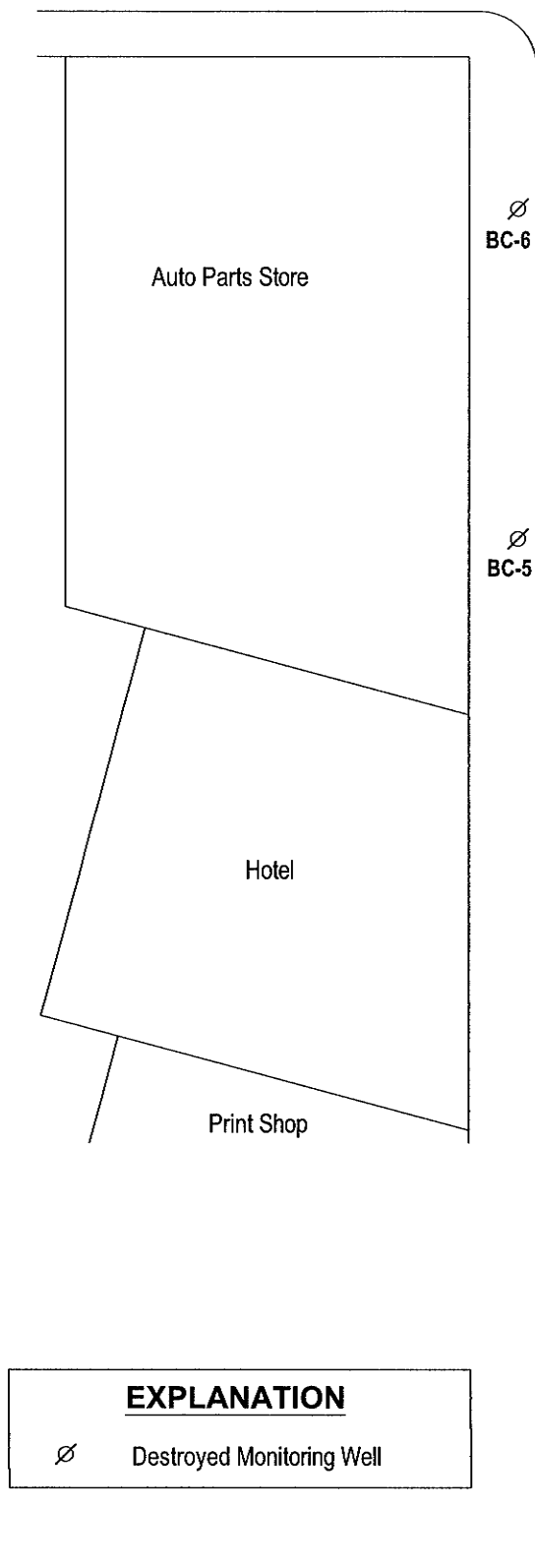


Attachments:

Figure 1	Site Map
Table 1	Well Construction and Destruction Details
Attachment A	DPH-LOP Well Destruction Work Plan Approval Letter
Attachment B	DPH-LOP Well Destruction and San Francisco Department of Public Works Permits
Attachment C	DWR Well Completion Reports (original copy submitted to DWR)

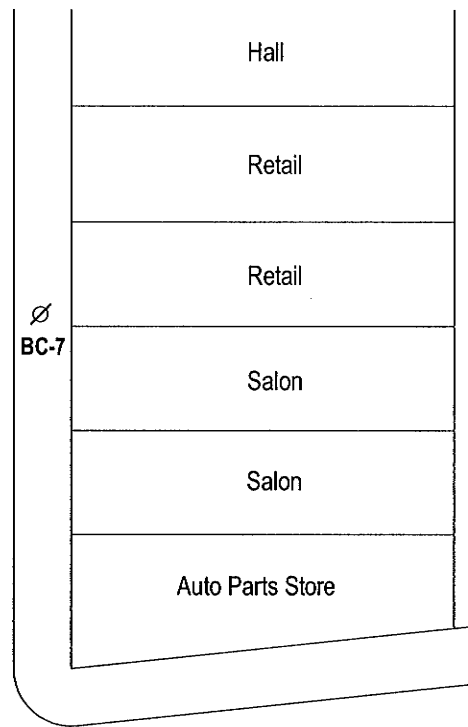
cc: Mr. Chuck Headlee, RWQCB-SFBR, electronic copy uploaded to FTP site
Mr. Chuck Carmel, RM (electronic copy uploaded to ENFOS)
Mr. Larry Kessler, SF DPH, 1390 Market Street, Suite 910, San Francisco, CA 94102

\\nash01 Dec 07, 2005 - 11:18am
X:\env\waste\BP_GEM\Sites\Barb Jakub\Carmel sites\0319\Reports\Well Destruction\PROPOSED-DESTRUCTION.dwg

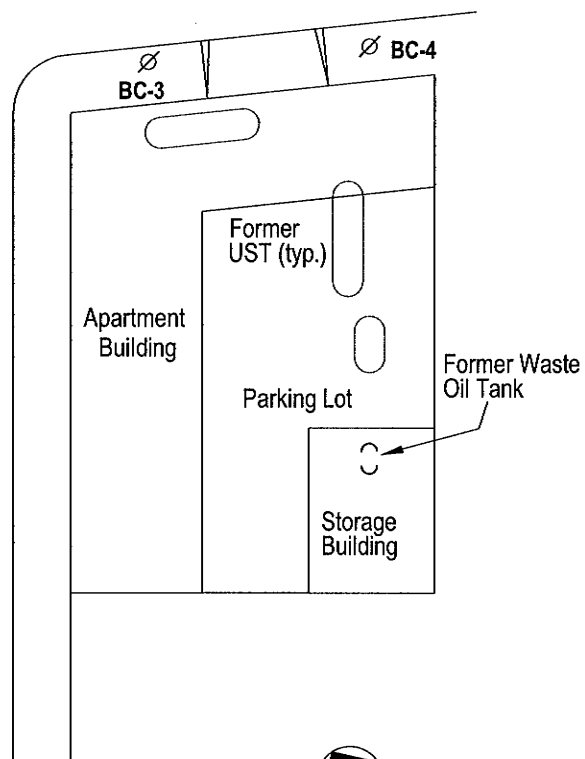


EXPLANATION	
Ø	Destroyed Monitoring Well

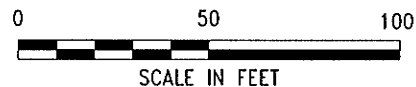
MISSION STREET



AMAZON AVENUE



NORTH



URS

Project No.38487291
Former ARCO Service Station #0319
5101 Mission Street
San Francisco, California

**GROUNDWATER MONITORING WELL
DESTRUCTION LOCATION MAP**

FIGURE

1

Table 1

Summary of Well Construction and Destruction Details

ARCO Station #319

5101 Mission Street, San Francisco, CA

No.	Well ID	Well type	Well Diameter (inches)	Screened Interval Length (feet)	Top of screen (feet bgs)	Depth to bottom of well (feet)	Well Destruction Method
1	BC-3	Monitoring	2	unknown	unknown	19.43	Pressure Grout
2	BC-4	Monitoring	2	unknown	unknown	19.25	Pressure Grout
3	BC-5	Monitoring	2	unknown	unknown	14.53	Pressure Grout
4	BC-6	Monitoring	2	unknown	unknown	13.34	Pressure Grout
5	BC-7	Monitoring	2	unknown	unknown	13.59	Pressure Grout

Notes:

bgs = Below ground surface

ATTACHMENT A
DPH-LOP Well Destruction Work Plan
Approval Letter



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH

Gavin Newsom, Mayor
Mitchell H. Katz, M.D.
Director of Health

OCCUPATIONAL & ENVIRONMENTAL HEALTH

August 17, 2005

Charles Carmel
ARCO Products
P.O. Box 1452
Alamo, California 94507-1023

Subject: Well Destruction Work Plan
Former ARCO #0319
5101 Mission Street, San Francisco
LOP Site Number: 10157

Dear Mr. Carmel;

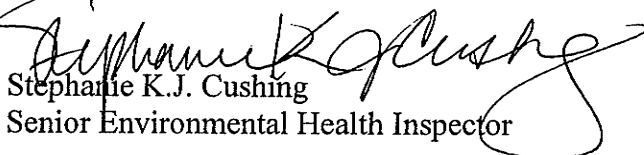
The San Francisco Department of Public Health, Local Oversight Program has reviewed the "Well Destruction Work Plan" submitted on your behalf by URS. The workplan proposes the destruction of five groundwater monitoring wells. The wells will be overdrilled, the casing removed and grout pumped from the base of the borehole to approximately 0.5 feet bgs. Each borehole will be finished to match the existing grade.

DPH-LOP approves the workplan.

Please contact Larry Kessler, Inspector-Water Quality Section for the required permit. Mr. Kessler can be reached at (415) 252-3841. Please submit a final report upon completion of the project.

Should you have any questions, please contact me at (415) 252-3926.

Sincerely,


Stephanie K.J. Cushing
Senior Environmental Health Inspector

cc: Larry Kessler, Water Quality
Barbara Jakub, URS

ATTACHMENT B
DPH-LOP Well Destruction and
San Francisco Department of Public Works Permits



City and County of San Francisco
DEPARTMENT OF PUBLIC HEALTH

Gavin Newsom, Mayor
Mitchell H. Katz, M.D.
Director of Health

ENVIRONMENTAL HEALTH SECTION

Application For Well Construction
Well Destruction or Soil Borings

Application Date: 8/19/05 Starting Date: 9/28/05 Completion Date: 10/2/05

Job Address/Location: 5101 Mission ST., San Francisco, CA

TO BE COMPLETED BY OWNER, CONSULTANT OR DRILLER

Property Owner <u>- on side walk.</u>	Well Owner (If Different) <u>Chuck Carmel</u>	Consultant /Engineer/Geologist Name <u>Andrew Fowler / URS</u>
Address	Address <u>P.O. Box 977</u>	Address <u>1333 Broadway, Suite 800</u>
City, State, Zip	City, State Zip <u>Alamo, CA 94507</u>	City, State, Zip <u>Oakland, CA 94612</u>
Telephone Number	Telephone Number <u>925 946 1085</u>	Telephone Number <u>(510) 874 3088</u>

Please indicate Type and Number of Proposed Wells/Borings

Geotechnical Investigation:	Environmental Investigation:	Monitoring Wells Construction	Production Wells
<input type="checkbox"/> Exploratory Wells	<input type="checkbox"/> Exploratory Holes	<input type="checkbox"/> Chemical Leaks	<input type="checkbox"/> Industrial Wells
<input type="checkbox"/> Cathodic Wells	<input type="checkbox"/> Water /Vapor Extraction Wells	<input type="checkbox"/> Compliance Well	<input type="checkbox"/> Irrigation Wells
<input type="checkbox"/> Cone Penetrometer Test	<input type="checkbox"/> Hydropunch	<input type="checkbox"/> Baseline Study	
<input type="checkbox"/> Shallow Anodes	<input type="checkbox"/> LOP Workplan	<input checked="" type="checkbox"/> Well Destruction <u>5 wells: BC-3</u>	
<input type="checkbox"/> Other		<input type="checkbox"/> LOP Workplan	<u>BC-4</u> <u>BC-5</u> <u>BC-6</u> <u>BC-7</u>

Topographic Features Well is to be constructed:

☒ In a Public Sidewalk ☐ In a Public Road ☐ On Private Property ☐ On City Property

Construction Specifications:

Diameter of Well Casing: _____ Annular Seal Depth: _____

Gauge of Casing: _____ Annular Seal Material: _____

Casing Depth: _____ Other Information: _____

Destruction Specifications: Well Diameter: 2" Approximate Depth: BC-3 & BC-4 = 20'
BC-5, BC-6 & BC-7 = 15'

Materials and Procedures to be Used: overdrill to total depth of well,
remove well casing materials, finish by
filling subsequent hole with neat cement

WELL LOCATION: On the following site plan accurately draw the well location. (Recommend Assessor's Map)

1. Sketch well location to scale, show dimensions to nearest foot.
2. Show a minimum of two dimensions at right angles. Dimensions shall be from the centerline of the closest named street, road or highway.
3. Show location of any existing wells. see attached map.

WATER QUALITY
water wells program

1390 Market Street, Suite 210
San Francisco, CA 94102

Phone (415) 252-3841
Fax (415) 252-3894

March 21, 2005

SITE PLAN

see attached map.

CERTIFICATION BY WELL OWNER/AGENT AND DRILLER/AGENT:

I certify the information above is correct to the best of my knowledge. I certify that the well will be constructed in compliance with the conditions this permit, the San Francisco Health Code and, if applicable, the Hazardous Materials Permit & Disclosure Ordinance of the City/County. It is my responsibility as the responsible party to notify this Section of any changes in the purpose of this well from that which is indicated on this application form.

If proposed well is to meet compliance with a Hazardous Materials Permit & Disclosure Ordinance, has the Hazardous Materials Unified Program been contacted: ☐ Yes ☐ No

Gregg Drilling & Testing
Name and Address of Well Driller/ Company

#485165
C-57 Driller's License Number

Barbara J. Job
Signature of Responsible Professional
(NO substitution of Signature will be accepted)

8/19/05
Date

#7304
Civil Engineer Registration Number or
Engineering Geologist Certificate Number

Based on information on the application and attachments(s) hereto (if any) and subject to approval noted below, permission is hereby granted to commence the described project. Permission to start may be withheld until a field check verifies all statements made on application by Permittee and is also subject to any "General" and "Special" conditions attached.

To be completed by Well Section Staff:

Project # 3236 Date Approved 8/25/05

Number of Wells: 5 Number of Soil Borings: _____

This project to construct/destroy is
This project to construct/destroy is

APPROVED ☒
DISAPPROVED ☐

[Signature]
Inspector



PERMIT TYPE	Boring/Monitoring Well
PERMIT NO.	05BW-0037
LOCATION	5101 MISSION ST
ZIP 94112	BLOCK NO. 6410 LOT 024

Sq. Footage of Trench/Excavation: **8" dia x 50' deep**

****When drilling/excavation in sidewalk area, entire flag(s) must be replaced.****

Permission, revocable at the will of the Director of Public Works, to excavate and restore the street(s) in compliance with the rules and regulations as set forth in Article 8 of the Public Works Code, for the purpose of (be specific, please):

Abandon five monitoring wells.

is hereby granted to:

PERMITTEE:

Name/Bond Holder: **URS Corporation**

Address: **1333 Broadway, suite 800**
Oakland, CA 94612

Phone: **(510) 874-3088**

Inspection Fee: **\$232.26**

Street Space Fee: **\$128.13**

Street Space/Receipt No. **034730**

The permittee shall obtain all necessary permits from the Bureau of Environmental Health, 101 Grove Street, Room 217, telephone 554-2770.

THE PERMITTEE HEREBY AGREES TO COMPLY WITH ALL REQUIREMENTS NOTED ON REVERSE SIDE OF THIS PERMIT

**CALL FOR INSPECTION
48 HOURS PRIOR TO
EXCAVATION AND POURING
CONCRETE: 554-7149**

USA #

AWS ☐ YES ☐ NO

RESURFACED ST. ☐ YES ☐ NO

BOND ☐ YES ☒ NO

ESTIMATED DATES

Starting **9/27/2005**

Completion **10/27/2005**

9/8/05
Date

APPROVED:

Edwin M. Lee
Director of Public Works

By: 

Plan Checker

Date: 9/1/2005

FORSG

SG


Signature of Permittee

Street-Use Fee Receipt

01/001	GENERAL FUND	Paid up to:
Sub-Objects		
60639	Boring/Monitoring Well - Street Use (Processing) Fee	<u>\$68.13</u>
60637	Boring/Monitoring Well - Street Space Fee	<u>\$128.13</u>

09/097	ENGINEERING INSPECTION FUND	
60630	Boring/Monitoring Well - Inspection Fee	<u>\$232.26</u>

BOARD OF APPEALS SURCHARGE	
60126	Boring/Monitoring Well - Board of Appeals Surcharge <u>\$1.02</u>

Received of:

Agent Name: URS Corporation

Contact: Andrew Fowler

Address:

1333 Broadway, suite 800

Oakland, CA 94612

Owner Name: WAI SUN LAI

Address

538 ROCCA AVENUE

SOUTH SAN FRANCISCO , CA 94080

Project Location: 5101 MISSION ST

Block: 6410 Lot: 024

Permit Type: Boring/Monitoring Well

Permit Number: 05BW-0037

Fee Amount: \$429.54

Check No.: 034730

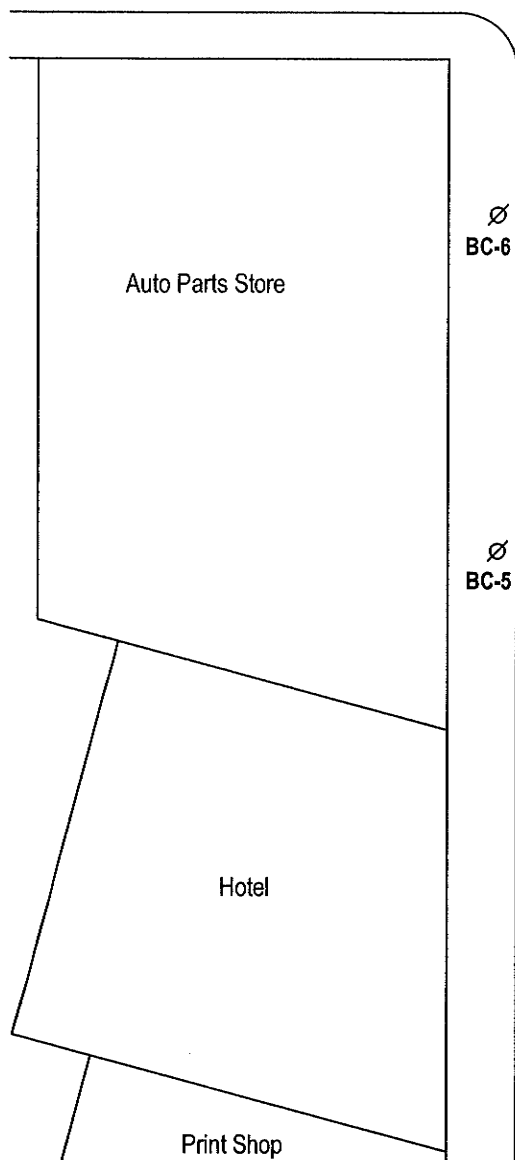
By: 

Collected Date 8/23/2005

8/23/05

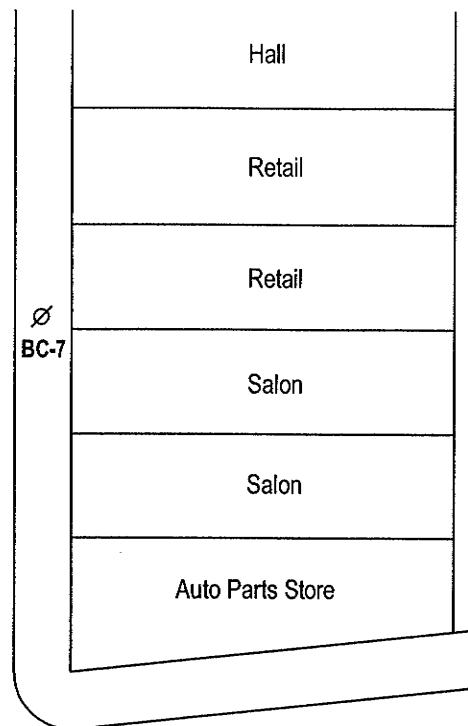
Printed: 9/1/2005

ATTACHMENT C
DWR Well Completion Reports
(Original copy submitted to the DWR)



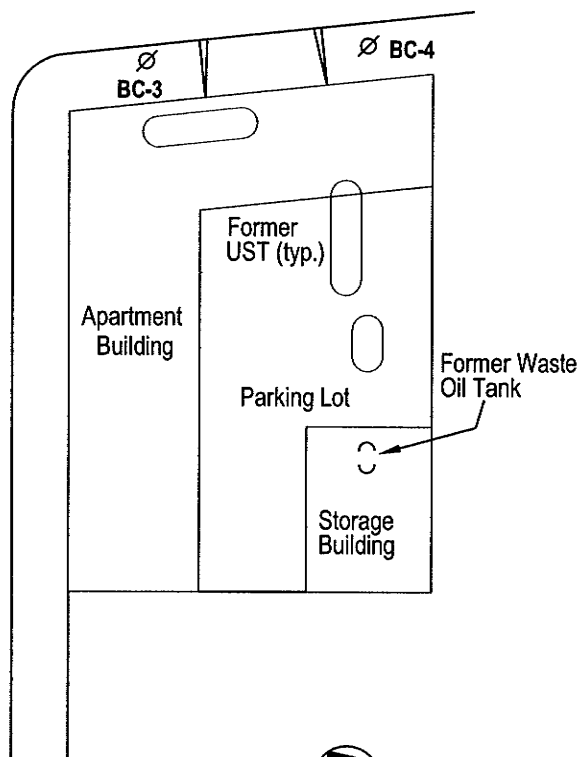
EXPLANATION

Ø Monitoring well to be destroyed

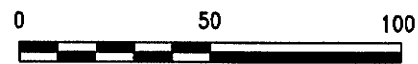


AMAZON AVENUE

MISSION STREET



NORTH



SCALE IN FEET

URS

Project No.38487291
Former ARCO Service Station #0319
5101 Mission Street
San Francisco, California

**PROPOSED GROUNDWATER MONITORING
WELL DESTRUCTION LOCATION MAP**

FIGURE

1

Permit No.

Refer to Instruction Pamphlet

No. e033097

DWR USE ONLY — DO NOT FILL IN

STATE WELL NO./STATION NO.

LATITUDE LONGITUDE

APN/TRS/OTHER

GEOLOGIC LOG				WELL OWNER	
ORIENTATION (≡) <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGLE <input type="checkbox"/> (SPECIFY)		DRILLING METHOD <u>pressure grout</u> FLUID <u>neat cement</u>		Name <u>Chuck Carmel</u>	
DEPTH FROM SURFACE Ft. to Ft.		DESCRIPTION Describe material, grain size, color, etc.		Mailing Address <u>P.O. Box 977</u> <u>Alamo</u> CA <u>94507</u> CITY STATE ZIP	
* original log not available		WELL LOCATION Address <u>5083 Mission Street</u> City <u>San Francisco</u> County <u>San Francisco</u>		APN Book _____ Page _____ Parcel _____ Township _____ Range _____ Section _____ Latitude _____ DEG. MIN. SEC. NORTH Longitude _____ DEG. MIN. SEC. WEST	
0 13.59 Neat cement, pressure grouted from 0 to 13.59' for 5 minutes, applying 25lb/inch ² . well casing left in place.		LOCATION SKETCH NORTH See attached map.		ACTIVITY (≡) <input type="checkbox"/> NEW WELL MODIFICATION/REPAIR <input type="checkbox"/> Deepen <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG") PLANNED USES (≡) WATER SUPPLY <input type="checkbox"/> Domestic <input type="checkbox"/> Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial MONITORING _____ TEST WELL _____ CATHODIC PROTECTION _____ HEAT EXCHANGE _____ DIRECT PUSH _____ INJECTION _____ VAPOR EXTRACTION _____ SPARGING _____ REMEDIATION _____ OTHER (SPECIFY) _____	
SOUTH Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.		WATER LEVEL & YIELD OF COMPLETED WELL DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE DEPTH OF STATIC WATER LEVEL _____ (Ft.) & DATE MEASURED _____ ESTIMATED YIELD * _____ (GPM) & TEST TYPE _____ TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (Ft.) * May not be representative of a well's long-term yield.			
TOTAL DEPTH OF BORING <u>Unknown</u> (Feet) TOTAL DEPTH OF COMPLETED WELL <u>13.59</u> (Feet)					

[illegible]

ATTACHMENTS (\leq) <input type="checkbox"/> Geologic Log <input type="checkbox"/> Well Construction Diagram <input type="checkbox"/> Geophysical Log(s) <input type="checkbox"/> Soil/Water Chemical Analyses <input checked="" type="checkbox"/> Other <u>Site map</u>	CERTIFICATION STATEMENT I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief. NAME <u>URS Corporation</u> <small>(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)</small> <u>1333 Broadway, Suite 800, Oakland CA 94612</u> ADDRESS <u>Matthew Smith for gregg</u> CITY <u>Oakland</u> STATE <u>CA</u> ZIP <u>94612</u> Signed <u>Matthew Smith</u> DATE SIGNED <u>11/29/05</u> <small>WELL DRILLER/AUTHORIZED REPRESENTATIVE</small> <small>C-57 LICENSE NUMBER</small>
--	---

Permit No.

Refer to Instruction Pamphlet

No. e033096

DWR USE ONLY — DO NOT FILL IN
 STATE WELL NO./STATION NO.
 LATITUDE LONGITUDE
 APN/TRS/OTHER

GEOLOGIC LOG

WELL OWNER

ORIENTATION (°)		— VERTICAL —	HORIZONTAL	ANGLE	(SPECIFY)
DEPTH FROM SURFACE		DRILLING METHOD		Pressure grout	FLUID neat cement
Fl.	to	Fl.	DESCRIPTION		
			Describe material, grain size, color, etc.		
			*Original log not available		
0	13.34		Neat cement, pressure grouted from 0 to 13.34' for 5 minutes, applying 25lb/inch ² well casing left in place		

Name Chuck Carmel
Mailing Address P.O. Box 977
Alamo CA 94507
CITY STATE ZIP

WELL LOCATION

Address 5050 Mission Street

City San Francisco

County San Francisco

APN Book _____ Page _____ Parcel _____

Township _____ Range _____ Section _____

Latitude _____ NORTH _____ Longitude _____ WEST

DEG. MIN. SEC. DEG. MIN. SEC.

LOCATION SKETCH

*see attached map.

- ACTIVITY (\leq)

☐ NEW WELL
 MODIFICATION/REPAIR
☐ Deepen
☐ Other (Specify)

☒ DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")

PLANNED USES (\leq)

WATER SUPPLY
 ___ Domestic ___ Public
 ___ Irrigation ___ Industrial

MONITORING _____

TEST WELL _____

CATHODIC PROTECTION

HEAT EXCHANGE _____

DIRECT PUSH

INJECTION

VAPOR EXTRACTION

SPARGING

REMEDIATION

OTHER (SPECIFY) _____

WATER LEVEL & YIELD OF COMPLETED WELL

DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE

DEPTH OF STATIC

WATER LEVEL _____ (Ft.) & DATE MEASURED _____

ESTIMATED YIELD * _____ (GPM) & TEST TYPE _____

TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (Ft.)

* May not be representative of a well's long-term yield.

[illegible]ATTACHMENTS ()

- ☐ Geologic Log
- ☐ Well Construction Diagram
- ☐ Geophysical Log(s)
- ☐ Soil/Water Chemical Analyses
- ☒ Other site map

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

CERTIFICATION STATEMENT

I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.

NAME URS Corporation
(PERSON FIRM OR CORPORATION) (TYPE OR PRINTED)

1333 Broadway, Suite 800, Oakland, CA 94612

ADDRESS _____
Signed *[Signature]* for Uregras
WELL DRILLER/AUTHORIZED REPRESENTATIVE

11/29/05 STATE ZIP 485165
DATE SIGNED C-57 LICENSE NUMBER

Permit No.

Refer to Instruction Pamphlet

No. e033093

DWR USE ONLY — DO NOT FILL IN
 STATE WELL NO./STATION NO.
 LATITUDE LONGITUDE
 APN/TRS/OTHER

GEOLOGIC LOG				WELL OWNER	
ORIENTATION (°)		DRILLING METHOD		Name	
VERTICAL _____ HORIZONTAL _____ ANGLE _____ (SPECIFY)		pressure grout		Chuck Carmel	
DEPTH FROM SURFACE		FLUID neat cement		Mailing Address	
FL. to FL.		DESCRIPTION		Alamo	
		Describe material, grain size, color, etc.		CA 94507	
		* original log not available		STATE ZIP	
0	19.43	Neat cement, pressure grouted from 0' to 19.43' for 5 minutes applying 25 lb/inch ² . Casing left in place.		WELL LOCATION	
				Address 5101 Mission Street	
				City San Francisco	
				County San Francisco	
				APN Book _____ Page _____ Parcel _____	
				Township _____ Range _____ Section _____	
				Latitude _____ NORTH _____ Longitude _____ WEST _____	
				DEG. MIN. SEC. DEG. MIN. SEC.	
				LOCATION SKETCH	
				* see attached map.	
				ACTIVITY (✓)	
				NEW WELL _____	
				MODIFICATION/REPAIR	
				Deepen _____	
				Other (Specify) _____	
				DESTROY (Describe Procedures and Materials Under "GEOLOGIC LOG")	
				PLANNED USES (✓)	
				WATER SUPPLY	
				Domestic _____ Public _____	
				Irrigation _____ Industrial _____	
				MONITORING _____	
				TEST WELL _____	
				CATHODIC PROTECTION _____	
				HEAT EXCHANGE _____	
				DIRECT PUSH _____	
				INJECTION _____	
				VAPOR EXTRACTION _____	
				SPARGING _____	
				REMEDIATION _____	
				OTHER (SPECIFY) _____	
				SOUTH _____	
				Illustrate or Describe Distance of Well from Roads, Buildings, Fences, Rivers, etc. and attach a map. Use additional paper if necessary. PLEASE BE ACCURATE & COMPLETE.	
				WATER LEVEL & YIELD OF COMPLETED WELL	
				DEPTH TO FIRST WATER _____ (Ft.) BELOW SURFACE	
				DEPTH OF STATIC	
				WATER LEVEL _____ (Ft.) & DATE MEASURED _____	
				ESTIMATED YIELD * _____ (GPM) & TEST TYPE _____	
				TEST LENGTH _____ (Hrs.) TOTAL DRAWDOWN _____ (Ft.)	
				* May not be representative of a well's long-term yield.	
TOTAL DEPTH OF BORING _____ (Feet)		unknown			
TOTAL DEPTH OF COMPLETED WELL _____ (Feet)		19.43			

[illegible]

ATTACHMENTS ()

— Geologic Log

— Well Construction Diagram

— Geophysical Log(s)

— Soil/Water Chemical Analyses

 Other site map

ATTACH ADDITIONAL INFORMATION, IF IT EXISTS.

<p align="center">CERTIFICATION STATEMENT</p> <p>I, the undersigned, certify that this report is complete and accurate to the best of my knowledge and belief.</p>			
<p>NAME <u>URS Corporation</u></p> <p>(PERSON, FIRM, OR CORPORATION) (TYPED OR PRINTED)</p>			
<p>1333 Broadway, Suite 800,</p>		<p>Oakland, CA 94612</p>	
<p>ADDRESS</p>		<p>CITY</p>	<p>STATE</p>
<p>Signed <u>[Signature]</u></p>		<p>11/29/05</p>	<p>485165</p>
<p>WELL DRILLER/AUTHORIZED REPRESENTATIVE</p>		<p>DATE SIGNED</p>	<p>C-57 LICENSE NUMBER</p>